

APPLICATION FOR REACTIVATION OF AN IOWA LICENSE
YOU MAY NOT PRACTICE IN THE STATE OF IOWA UNTIL YOUR LICENSE IS ACTIVE.

	Please write clearly and legibly
License Number	
Type of License	
Name: First, Middle, Last	
Mailing Address	
City, State, Zip Code	
E-mail address	
<i>Your email address is important! Renewal notifications will be emailed to the email address on file with the Board on the following time frames: 60, 50, 40, and 30 days prior to the license expiration date.</i>	
Primary Phone	
Date of Birth	
SSN	
Years license has been inactive	<input type="checkbox"/> License has been on inactive status for less than 5 years. <input type="checkbox"/> License has been on inactive status for more than 5 years
Fee Due	See page 4
Continuing Education Due	See pages 5-6 (<u>Every</u> reactivation requires the completion of continuing education hours).

If you answer “Yes” to any of the next five question, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. **Since the date your Iowa license was placed on inactive status, have you:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

Continuing Education

Yes	Not yet but am working on it.	I have completed the required continuing education hours and have included the copies of completion certificates. Every reactivation requires completion of continuing education hours. See page 3 for guidelines(#3 on page 3).
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License verification(s) from other states

Yes	No	Since the date that your Iowa license was placed on inactive status, are you or have you been licensed and/or practicing your profession in another state? If yes, list all states: _____
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Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Licensee Signature

Date

Mailing Address

Bureau of Professional Licensure
Iowa Department of Public Health
5th Floor, Lucas State Office Building
321 E. 12th St.
Des Moines, IA 50319

INSTRUCTIONS/CHECKLIST. Pages 3-6 are **not** to be returned with this application. They are for your records.

Board staff reviews applications as soon as possible, in the order received, typically within 2 – 3 weeks. Once approved new cards will be mailed to you.

1. The non-refundable reactivation fee; see page 4. Make check or money order payable to your specific licensing board.
2. Complete and sign the application. Incomplete applications will be returned to you.
3. Proof of completing the required number of continuing education hours; see pages 5-6.
 - a. Continuing education hours must be earned within 24 months from the date of this reactivation.
 - b. The continuing education certificates can be emailed, mailed, faxed or attached to your online record.
 - c. Every reactivation (which is a different process than a license renewal) requires completing continuing education.
 - d. When submitting continuing education completion certificates, the copies **must** include:
 - Course date;
 - Course title;
 - Numbers of hours completed;
 - Location;
 - Presenter.
4. Verification of the license(s) from every jurisdiction in which you are or have been licensed and are or have been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) to the board office. Web-based verification are acceptable. Copies of license certificate/card are **not** acceptable. Verification **must** include the following:
 - Licensee's name;
 - Date of initial licensure;
 - Current licensure status; and
 - Any disciplinary action taken against the license
5. Name changed? A licensee shall notify the board of a name change within 30 days of the change. Include a copy of the legal document that changed your name. (Examples include a court order, marriage certificate, or dissolution of marriage decree.)
 - If you wish to receive a new 8x10 license certificate due to your name change, include the \$20.00 fee.

Contact Information:

Bureau of Professional Licensure
Iowa Department of Public Health
5th Floor, Lucas State Office Building
321 E. 12th St.
Des Moines, IA 50319

Email: PLPublic@idph.iowa.gov
Phone: (515) 281-0254
Fax: (515) 281-3121
Bureau Website: www.idph.iowa.gov/licensure
Online Licensure Services: <https://ibplicense.iowa.gov>

Reactivation Fees by Profession	
\$180.00	Athletic training
\$120.00	Barber license
\$360.00	Barber school license
\$132.00	Barbershop license
\$180.00	Chiropractor
\$144.00	Cosmetology salons
\$330.00	Cosmetology schools
\$120.00	Cosmetology, electrology, esthetics, instructors, and nail technology
\$180.00	Dietitian
\$180.00	Funeral director
\$150.00	Funeral establishment or cremation
\$120.00	Hearing aid specialist
\$180.00	Marital and family therapy and mental health counseling
\$120.00	Massage therapist
\$120.00	Nursing home administrator
\$204.00	Optometrist
\$120.00	Physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant
\$180.00	Physician assistant
\$460.00	Podiatry, orthotics, prosthetics, or pedorthics
\$390.00	Polysomnographic technologist. <u>Add \$55.00</u> for evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) <u>if the license has been on inactive status for two or more years.</u>
\$230.00	Psychologist
\$150.00	Respiratory care and polysomnography. <u>Add \$55.00</u> for evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) <u>if the license has been on inactive status for two or more years.</u>
\$180.00	Sign language interpreters and transliterator
\$132.00	Social work bachelor's level
\$204.00	Social work independent level
\$180.00	Social work master's level
\$156.00	Speech pathologist and audiologist

Continuing Education Requirements for Reactivation

BOARD	A Inactive status for five years or less	B Inactive status for more than five years	C CEU Criteria
Athletic Training	50 hours of continuing education.	50 hours of continuing education and verification of current BOC certification.	https://www.legis.iowa.gov/docs/ia/c/rule/08-13-2008.645.352.3.pdf
Barbering	3 hours of continuing education. Barber instructor four hours in teaching methodology.	Continuing education in column A and proof of passing the barber theory and practical examinations.	https://www.legis.iowa.gov/docs/ia/c/rule/12-02-2009.645.24.3.pdf
Behavioral Science	40 hours of continuing education.	80 hours of continuing education.	https://www.legis.iowa.gov/docs/ia/c/rule/12-07-2016.645.32.3.pdf
Chiropractic	60 hours of continuing education.	Continuing education in column A and proof of passing the Special Purpose Examination for Chiropractic (SPEC) if licensee does not have a current license and has not had an active license in the United States during three of the past five years.	https://www.legis.iowa.gov/docs/ia/c/rule/08-15-2018.645.44.3.pdf
Cosmetology Arts & Sciences	6 hours of continuing education.	12 hours of continuing education.	https://www.legis.iowa.gov/docs/ia/c/rule/01-03-2018.645.64.3.pdf
Dietetics	30 hours of continuing education.	60 hours of continuing education.	https://www.legis.iowa.gov/docs/ia/c/rule/07-13-2011.645.82.3.pdf
Hearing Aid Specialists	32 hours of continuing education.	64 hours of continuing education.	https://www.legis.iowa.gov/docs/ia/c/rule/09-04-2013.645.122.3.pdf
Massage Therapy	16 hours of continuing education.	Continuing education in column A and proof of passing exam: NCBTMB or MBLEx.	https://www.legis.iowa.gov/docs/ia/c/rule/10-26-2016.645.133.3.pdf
Mortuary Science	24 hours of continuing education.	48 hours of continuing education and verification of completion of a college course of at least one semester hour or equivalent in current Iowa law and rules covering mortuary science content areas including but not limited to Iowa law and rules governing the practice of mortuary science, cremation, vital statistics, cemeteries and preneed.	https://www.legis.iowa.gov/docs/ia/c/rule/05-24-2017.645.102.3.pdf
Nursing Home Administrators	40 hours of continuing education.	40 hours of continuing education.	https://www.legis.iowa.gov/docs/ia/c/rule/08-17-2005.645.143.3.pdf
Optometry	50 hours of continuing education.	100 hours of continuing education unless the applicant provides proof of current CELMO certification. If the applicant provides proof of current CELMO certification, the applicant must also verify completion of an additional 50 hours of continuing education.	https://www.legis.iowa.gov/docs/ia/c/rule/08-07-2013.645.181.3.pdf
Physical & Occupational Therapy	20 hours of continuing education for a physical therapy assistant.	40 hours of continuing education for a physical therapy assistant. 80 hours of continuing education for a	PT/A: https://www.legis.iowa.gov/docs/ia

	<p>40 hours of continuing education for a physical therapist.</p> <p>15 hours of continuing education for an occupational therapy assistant.</p> <p>30 hours of continuing education for an occupational therapist.</p>	<p>physical therapist.</p> <p>30 hours of continuing education for an occupational therapy assistant.</p> <p>60 hours of continuing education for an occupational therapist.</p>	<p>c/rule/07-04-2018.645.203.3.pdf</p> <p>OT/A:</p> <p>https://www.legis.iowa.gov/docs/iac/rule/10-15-2014.645.207.3.pdf</p>
Physician Assistants	100 hours of continuing education or proof of current NCCPA or successor agency certification.	200 hours of continuing education, of which at least 40 percent of the hours completed shall be in Category I, or proof of current NCCPA or successor agency certification; and Information on each supervising physician	https://www.legis.iowa.gov/docs/iac/rule/02-13-2019.645.328.3.pdf
Podiatry	<p>Podiatrist, 40 hours of continuing education.</p> <p>Orthotists or prosthetists, 30 hours of continuing education.</p> <p>Pedorthists, 20 hours of continuing education.</p>	<p>Podiatrist, 80 hours of continuing education.</p> <p>Orthotists or prosthetists, 60 hours of continuing education.</p> <p>Pedorthists, 40 hours of continuing education.</p>	<p>Podiatrist:</p> <p>https://www.legis.iowa.gov/docs/iac/rule/02-27-2019.645.222.3.pdf</p> <p>Orthotists, prosthetists, Pedorthists</p> <p>https://www.legis.iowa.gov/docs/iac/rule/11-27-2013.645.225.3.pdf</p>
Psychology	40 hours of continuing education.	80 hours of continuing education.	https://www.legis.iowa.gov/docs/iac/rule/01-21-2015.645.241.3.pdf
Respiratory Care & Polysomnography	24 hours of continuing education.	48 hours of continuing education.	https://www.legis.iowa.gov/docs/iac/rule/08-01-2018.645.262.3.pdf
Sign Language Interpreters and Translators	40 hours of continuing education.	80 hours of continuing education.	https://www.legis.iowa.gov/docs/iac/rule/10-12-2016.645.362.3.pdf
Social Work	27 hours of continuing education.	Continuing education in column A and proof of passing ASWB examination within the last five years or verification of continued social work practice at the appropriate or higher level in another state for a minimum of two years immediately preceding the application for reactivation.	https://www.legis.iowa.gov/docs/iac/rule/04-11-2018.645.281.3.pdf
Speech Pathology and Audiology	30 hours of continuing education.	60 hours of continuing education or proof of passing Praxis Examination in speech pathology or audiology within the last two years prior to application for reactivation.	https://www.legis.iowa.gov/docs/iac/rule/01-17-2018.645.303.3.pdf